

**PARTICIPANT'S NAME:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

**REQUEST FOR ACCOMODATION - LIFE-THREATENING ALLERGIES**

Children with life-threatening allergies requiring emergency medication, an Auto-injector (EpiPen), may be able to participate independently in the City of Burnaby's arts and recreation programs where the Parent/Guardian is prepared to accept the risks inherent in the Child participating in the program with staff trained only in First-Aid treatment.

Upon registering for a program, the Parent/Guardian is responsible for contacting the program supervisor **at least 2 weeks in advance** of the program start date to discuss their Child's life-threatening allergy(s), the program details (the "Program"), and the emergency plan. This form must be completed, signed and returned to the program supervisor, before the start of the program. Without the completed form, a Parent or their designate will be required to remain on site with the Child's Auto-injector (EpiPen) during the program.

**PARTICIPANT DETAILS** – to be completed by the Parent/Guardian

Parent/Guardian name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact name and phone #: \_\_\_\_\_

**Previous life-threatening reaction(s)?** YES NO Speed of reaction: \_\_\_\_\_ Frequency: \_\_\_\_\_

Participant's life-threatening reaction triggers: \_\_\_\_\_

Participant's life-threatening reaction symptoms:

Skin: \_\_\_\_\_

Respiratory (Breathing): \_\_\_\_\_

Gastrointestinal (Stomach): \_\_\_\_\_

Cardiovascular (Heart): \_\_\_\_\_

Other (e.g. headache, anxiety): \_\_\_\_\_

**PHYSICIAN AUTHORIZATION** – to be completed by Child's Physician

Does the Participant named above have a known or suspected life-threatening allergy? YES NO

If yes, to what: \_\_\_\_\_

Is emergency medication required (note: must be single-dose/single-use Auto-injector)? YES NO

If yes, dosage and directions for use: \_\_\_\_\_

Physician name and phone #: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY PLAN** (the “Emergency Plan”) – to be reviewed and initialed by Parent \_\_\_\_\_

1. **ADMINISTER AUTO-INJECTOR:** (single-dose, single-use) located on the Participant’s person
2. **CALL 911 for AMBULANCE:** tell them a Child is having a life-threatening anaphylactic reaction
3. **CALL 604 291-1234 BURNABY FIRE DEPARTMENT**
4. **CALL** program supervisor for assistance: \_\_\_\_\_
5. **SEND** Participant to Hospital by Ambulance
6. **CALL** Parent/Guardian or emergency contact person to advise

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**PARENT AUTHORIZATION, ASSUMPTION OF RISK AND RELEASE OF LIABILITY** – to be reviewed, initialed and signed by Parent/Guardian

\_\_\_\_\_ I have reviewed this document with the program supervisor/designate of the program I have chosen for my Child.

\_\_\_\_\_ I agree to provide a valid single-dose, single-use Auto-injector to be carried on my Child’s person for every program session (exceptions to location of the Auto-injector are for Preschool, Dance, Gymnastic Programs).

\_\_\_\_\_ I understand if I fail to provide a valid Auto-injector my Child will be withdrawn from the program **and I will need to arrange for them to be picked up immediately.**

\_\_\_\_\_ I agree I am responsible for providing City staff updated information prior to current or future registration should changes occur regarding my Child’s life threatening allergies.

By signing this form I confirm the information provided is accurate and I authorize staff of the City of Burnaby, its designated agents and staff to assist my Child by administering their single-dose, single-use Auto-injector and obtaining medical assistance in the event of a suspected anaphylactic reaction.

**I am aware of the risks inherent with my Child suffering an anaphylactic reaction while participating in the Program and I assume the risks.**

**On behalf of my Child, I HEREBY RELEASE AND HOLD HARMLESS the City of Burnaby together with its designated agents and staff (the “Released Parties”) from any and all claims suffered or incurred or brought against the Released Parties that my Child or myself may have, in law or in equity, by reason of administering, or failure to administer the Emergency Plan to my Child while attending the Program, notwithstanding that the same may be contributed to or occasioned by the negligence of the Released Parties.**

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS AND TO USE FOR FUTURE REGISTRATIONS**



The personal information collected on this form is authorized under section 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose(s) set out on this form. Should you have any questions about the collection of this personal information please contact us by mail at: Parks, Recreation & Cultural Services Department, #101 - 4946 Canada Way, Burnaby, British Columbia V5G 4H7, by telephone: 604-294-7450 or by email: [parks@burnaby.ca](mailto:parks@burnaby.ca)